



**SBRAA Membership Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Level of aviation experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Areas in which you'd like to help: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail application and dues (\$20 per year) to:

Sutter Buttes Regional Aviation Association  
P.O. Box 1713  
Yuba City, CA 95993

**Thank You!**